

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.				
1	1				51			
2		1			52			
3	1				53			
4		1			54			
5					55			
6					56			
7					57			
8					58			
9	1				59			
10					60			
11					61			
12	1				62			
13					63			
14					64			
15	1				65			
16					66			
17					67			
18					68			
19					69			
20					70			
21					71			
22					72			
23					73			
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31					81			
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38					88			
39					89			
40					90			
41					91			
42					92			
43					93			
44					94			
45					95			
46					96			
47					97			
48					98			
49					99			
50					100			
TOTAL IND.	6				TOTAL IND.			
TOTAL DEP.	9	↓	↓	↓	TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS	15				TOTAL CLAIMS			

Best Available Copy